

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

May 19, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000322	Date of Injury:	05/20/1997
Claim Number:	[REDACTED]	Application	03/06/2015
Assignment Date:	04/06/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	11/07/2014 – 11/07/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99204 and 73562		

Dear [REDACTED] [REDACTED]

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

Paul Manchester, M.D., M.P.H.
Medical Director

cc: [REDACTED]
[REDACTED]

DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- The original billing itemization
- Supporting documents submitted with the original billing
- Explanation of Review in response to the original bill
- Request for Second Bill Review and documentation
- Supporting documents submitted with the request for second review
- The final explanation of the second review
- Official Medical Fee Schedule

HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: Provider seeking OMFS fee schedule remuneration for 99204 New Patient Evaluation and Management Service and 73562 X-rays, Knee, performed on 11/07/2014.**
- Claims Administrator reimbursement rational:
 - The charge has been adjusted the schedule allowance.
 - The charge was adjusted to comply with the rate and the rules of the contract indicated.
 - Allowance was reduced as per contractual agreement.
- Dates of service 2014. OMFS 01/01/2014 utilized.
- EOR 12/08/2014 reflects \$242.11 reimbursed to provider for 99204 and 73562.
- **Pursuant to LC § 5307.11** – “the medical fee schedule shall not apply to the contracted reimbursement rates.” California State Assembly Bill 1177 amended the Labor Code effective January 1, 2002 to add §5307.11:
 - **LC § 5307.11 states:** A health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier may contract for reimbursement rates different from those in the fee schedule adopted and revised pursuant to Section 5307.1. When a health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier contract for reimbursement rates different from those in the fee schedule, **the medical fee schedule for that health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code shall not apply to the contracted reimbursement rates.**

- **§ 9792.5.7 (b)** Unless as permitted by section 9792.5.12, independent bill review shall only be conducted if the only dispute between the provider and the claims administrator is the amount of payment owed to the provider. Any other issue, including issues of contested liability or the applicability of a contract for reimbursement rates under Labor Code 5307.11 shall be resolved before seeking independent bill review.
- Contractual Agreement not available for IBR.
- Without a contractual agreement, PPO discount cannot be verified for mathematical accuracy.
- EOR 12/08/2014 reviewed, Claims Administrator reimbursed the Provider in accordance with The Official Medical Fee schedule with a 95% PPO Contractual Reduction.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated for 99204 and 73652.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99204 and 73562

Date of Service: 11/07/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
99204	\$270.00	\$181.56	\$9.57	N/A	1	\$181.56	PPO
73652	\$100.00	\$60.55	\$3.19	N/A	1	\$60.55	PPO

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